

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P00000100703

1. Entity Name

BOVAL ENTERPRISES INC.



Principal Place of Business

8555 143RD LANE N.
SEMINOLE FL 33776

Mailing Address

8555 143RD LANE N.
SEMINOLE FL 33776

2. Principal Place of Business

11155 109 LA. N.

3. Mailing Address

P.O. Box 3374

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SEMINOLE FL

City & State

SEMINOLE FL

Zip

33777

Country

USA

Zip

33775-3374

Country

USA

4. FEI Number

59-3678291

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

IEVA, ROBERT J
8555 143RD LANE N.
SEMINOLE FL 33776

7. Name and Address of New Registered Agent

Name Robert J Ieva

Street Address (P.O. Box Number is Not Acceptable)

11155 109 LA. N.

City

SEMINOLE

FL

Zip Code

33777

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Robert J. Ieva
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when retranslating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution: **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
IEVA, ROBERT J
8555 143RD LANE N.
SEMINOLE FL 33776

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

Robert J. Ieva

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-05 727 398 7447

Date

Daytime Phone #

30009658



1st MOORE CR2E034 (10/04)